

BEST AVAILABLE ..

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562862

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
1			1			
2				1		
3					1	
4						1
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6			1			
7				1		
8					1	
9						1
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TOTAL IND.			3	8		
TOTAL DEP.			16	45		
TOTAL CLAIMS			19	53		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						